

Notes

Public Health Improvement Partnership

Workforce Development Committee

Friday, April 16, 2004

Wyndham Hotel, SeaTac, WA

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER WASHINGTON

Co-Chairs: Sue Grinnell, Cowlitz Co.; Jack Thompson, UW.

Members: Joan Brewster, DOH; ~~Charlene Crow-Shambach, Snohomish~~; ~~Kathy Deuel, DOH~~; ~~Dorothy Gist, DOH~~; Nancy Goodloe, Kittitas; ~~Maryanne Guichard, DOH~~; Vic Harris, Tacoma-Pierce; ~~Keith Higman, Island~~; ~~Vicki Kirkpatrick, WSALPHO~~; Dennis Klukan, Yakima; ~~David Keck, DIS~~; ~~Debbie Lee, DOH~~; Marianne Patton, Chelan-Douglas; ~~Marianne Seifert, SBOH~~; Margaret Shield, UW; ~~Corinne Story, Skagit~~; ~~Patty Swanson, Thurston~~; Pam Walker, Clark. (Strikeout = absent from the meeting)

Training / Performance Improvement Plan Subcommittee Members (joined for afternoon session): Claudia Lewis, DOH; Teresa Fuller, DOH; Rita Schmidt, DOH; Torney Smith, Spokane; Christie Spice, DOH; Marni Storey, Clark; Lori Van de Wege, Kitsap; Barbara.....

Staff: Marie Flake, DOH; Janice Taylor, DOH.

Topic	Description	Materials
Desired Outcome from Morning Session: Identify policy issues for Sue & Jack to present to PHIP Steering Committee on June 21. Begin to imagine possible WFD recommendations for publication in the 2004 PHIP Report.		
Brief Update on Projects	LMS – the scope of work has been rewritten per federal requirement. Demonstrations are scheduled over two days for 6 vendors.	<ul style="list-style-type: none"> Figure 1 – WFD Projects & Structure for Accomplishment WFD Work Plan Update WFD Projects & PHEPR Activities
Janice & Jack	<p>Training / Performance Improvement Plan – More in-depth information was provided as a part of the afternoon meeting. The name of this work is evolving to include “performance improvement” since that is the focus and desired outcome of the work. A subcommittee has been formed and there are three main activities 1) analyzing data to determine priority topic areas, 2) program evaluation pilot project, 3) updating orientations. It was suggested that orientation to the Standards be added to each orientation process.</p> <p>Six-state WFD Network – Representatives from the six state will meet in Seattle in April. The Network is being evaluated by the Group Health Foundation. The NWC is now offering a monthly Hot Topic presentation to all six states, via their new web conferencing system, iLinc. Registration within in Washington state will be through Janice Taylor and Pam Wall-Hunter.</p> <p>NWPHLI – Cohort 1 will graduate in May. Cohort 2 includes 27 scholars and held its first face-to-face session earlier this month. The NWPHLI Steering Committee will be convened soon to assist in designing the remaining curriculum for Cohort 2.</p>	
Enumeration	The first web-based census of governmental public health workers in Washington has been successfully competed and published on-line. Overall response rate was 80%. We are now poised to move forward in conducting learning needs assessments of the workforce.	
Janice	<p>Discussion –</p> <p>LHJ staff are very interested in the findings. Clark county will have unit meeting to share the findings. Few</p>	

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	<p>workers are trained in public health (MPH). Why don't MPH grads work in governmental ph? People working in the field tend to use the extended degree option for MPH. There is an increased focus on developing a ph bachelors program at the UW. How could we quantify experiential learning?</p> <p>Additional desired analysis?</p> <ul style="list-style-type: none"> • EH – compare functions to education and licensure • Health Education – compare education and function • Nursing – analyze specific type of education (AA, BS, MS...) • Number of years you expect to remain in ph – compare with function. <p>Next steps – Share methodology nationally – ASTHO abstract submitted. Consider Joint Conference, NACCHO, APHA.</p> <p>Share methodology with CHC (CHC Assoc), tribes (American Indian Health Commission) – maybe they will be interested to conduct a census of their workforces.</p> <p>Consider some way to describe the local partnerships which are relevant to this data, since they influence which services, and therefore which and how many staff are employed in the governmental ph agency. (i.e. Yakima)</p> <p>Recommend that the enumeration be conducted every 5 years. Focus on one discipline per year in the interim years (for learning needs assessment?). Form a new subcommittee with volunteers from the whole committee.</p>	
<p>Visioning Exercise</p> <p>Joan & All</p>	<p>In preparation for the June 21st PHIP Steering Committee meeting and to being envisioning recommendations the WFD committee will make in the 2004 PHIP Report, members engaged in a visioning exercise. Using the handout "Visioning Questions", members broke up into 3 small groups, each group discussing one page of questions from the handout on one of the following topics: 1) Future trends that affect the workforce, 2) Workforce management, 3) Learning management. Then the whole group had a discussion. Detailed notes from the flip charts for both the small group and whole group discussion are available on the WFD web site with the meeting materials. The whole group discussion seemed to fall into the following categories and themes.</p> <p>Learning Culture – We must value constant and continued learning as critical to our public health mission. Learning is an asset to the organization and essential to our organizational performance as well as a benefit to the individual employee. We must find ways to help our governing board's value constant and continued learning. We must find ways to institutionalize constant and continued learning in our agencies so that learning is not a threat to staff; staff expect to be constantly and continually learning; the culture is that it is ok to allocate time for learning during the workday, rather than only if you don't have other work to do. Managers must set a tone and organizational culture that values constant and continual learning so for example, it is ok that an employee takes a 15 minute "learning break" during the work day. We all must be continually re-tooling. What do we do with those we can't re-tool?</p> <p>The costs for constant and continual learning must be built-in, not be "add-on". We need to be more intentional in allocating training resources and not just ok for staff to attend any training / conference they chose, or the routine conferences for their program. Be planful. Consider aligning these decisions with agency strategic</p>	<ul style="list-style-type: none"> ▪WFD Recommendations & Objectives ▪Visioning Questions ▪Visioning Exercise – Notes from Flip Charts

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	<p>plans / goals. We need to employ a variety of incentives, like praise, and other non-monetary incentives. Add a component to each of the PHO Orientations about how to create a learning culture.</p> <p>Management – getting and keeping good public health managers is a big challenge. On the recruitment side, while it is believed that systems exist to teach a person with management skills, public health, we don't pay enough to attract these folks and no system exists for teaching management skills to people with ph experience. On the retention side, once a person has good management skills, these are very transferable to most any other industry, most of which pay more for managers, making it difficult to retain good managers. (An example was given of an EH manager who took a higher paying management job at Starbucks). There needs to be a career track for public health managers.</p> <p>Succession planning, recruitment and retention – we need to train our existing workers; and re-train. We need to anticipate what skills will be needed in the future and re-train folks or recruit folks with these skills. We need to plan and align these plans with agency strategic plans / goals.</p> <p>Content – staff need both technical skills and “soft skills” (i.e. negotiation, collaboration, partnering, leadership); need ways to develop management skills; need training in everyday ph; cultural competence.</p> <p>Academic issues – establish a discreet vocation in public health; establish career track</p> <p>Delivery systems / methods – Better utilize existing systems for delivery, like Regional Learning Specialists. They should have a broader focus than just preparedness. Use them. Need to address the gap between workers who are not comfortable with technology and the fact that more and more learning is delivered via technology. Need to make learning fun, even via technology. If we aim to develop a learning culture where people are constantly and continually learning, learning opportunities must be always available, in addition to the “scheduled” variety. Demand for training must also exist. This may require some culture change.</p>	
Desired Outcome from Afternoon Session: Identify and the three highest priority topic areas for performance improvement to be included in the Training / Performance Improvement Plan.		
<p>Joint Meeting of the WFD Committee & the Training Plan / Performance Improvement Plan Subcommittee</p> <p>Sue & Janice</p>	<p>Per the direction of the WFD Committee a subcommittee was formed to focus on the development of a statewide training plan. This Training / Performance Improvement Plan Subcommittee meet today, jointly with the WFD Committee, as a way to further ground both groups in the work and accommodate schedules. After introductions, the first 4 handouts were reviewed to orient all to the process and work plan for identifying the three highest priority topic areas for performance improvement.</p> <p>The group then reviewed and discussed data (see handouts) indicating topic areas of greatest need for performance improvement. After much discussion of the data, some wordsmithing, grouping and regrouping of terms, referencing the PHIP Competencies the following list of topic areas was generated:</p> <ul style="list-style-type: none"> • Quality Improvement • Program Evaluation • Social Marketing • Communications = 10 • Systems Thinking = 11 • Results-based Accountability (strategic planning; program evaluation – develop, maintain, evaluate; 	<ul style="list-style-type: none"> ▪ Figure 2 – WFD Projects & Structures for Accomplishment ▪ WFD Training Plan Subcommittee Work Plan ▪ Figure 3 - Performance Improvement Process ▪ Figure 4 - Process for Developing a Training / Performance Improvement Pan ▪ WFD Data – Standard Measures that Specify Training

Topic	Description	Materials
	<p>operating infrastructure – contracts, accounting, policies, procedures, protocols; evaluation or resource utilization)</p> <ul style="list-style-type: none"> • Risk Communication • Community Mobilization = 14 • Key Concepts of Health Education and Prevention = 2 • Public Health 101 = 5 <p>With further discussion and voting, the group agreed that the following topics are the highest priority areas for performance improvement and will be the focus of the Training / Performance Improvement Plan for June 2004 – January 2005. The Subcommittee will further flesh out these topics, learning objectives, a range of performance improvement strategies (training and other options) and develop the plan for accomplishment.</p> <ul style="list-style-type: none"> • Results Based Accountability (emphasis on Program Evaluation) • Coalitions and Alliances (emphasis on Community Mobilization) • Systems Thinking • Quality Improvement (It was recommended that this be folded into Results Based Accountability) <p>It was suggested that in addition to designing discreet training or other strategies for each of these topics, that they also be incorporated into all other trainings being delivered. i.e. assure that training provided by the immunization program address and incorporates each of these items. A suggestion was also made that the PHIP Competencies be made into wallet cards or some form that would be handy and readily available for reference and disseminate to the public health workforce. They can be found on the web at: http://www.doh.wa.gov/hip/documents/WorkforceDevelopment/PHIPCompetencies.pdf</p>	<ul style="list-style-type: none"> ▪ WFD Data – Multi Sources ▪ PHIP Competencies

WFD Communication Tools: <http://www.doh.wa.gov/hip/WorkforceDevelopment/default.htm>
2004 Meeting Dates: June 4; August 25; November 4
Routine Meeting Place: Wyndham Hotel, 18118 Pacific Highway South, SeaTac, WA